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v3.0 - 3/10/2008

**Massachusetts Department of Public Health  
Vaccine Management Unit**

305 South Street, Jamaica Plain, MA 02130

Phone: 617-983-6828 Fax: 617-983-6924

Received in Vaccine Unit:

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## Vaccine Usage Aggregate Report

**Fax to: 617-983-6924**

**Site No:** (VACMAN ID)

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**Site Name:**

**Date Submitted:** (mm.dd.yyyy)

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**Contact Person:****Phone Number:**

**Age Group (Years)**

[illegible]

**\*Please indicate the reason for vaccine doses lost or expired by using one of the following four codes:**

**A. Spoilage/damage due to break in cold chain or refrigeration**

### B. Damaged/Contaminated vials

**C. Discarding of remaining doses in opened multi-dose vials**

**D. Expiration before use**